



Docket No.: 5000-0112PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Eberhard AMMERMAN et al.

Application No.: 10/518,445

Confirmation No.: 7782

Filed: December 20, 2004

Art Unit: 1616

For: FUNGICIDAL MIXTURES

Examiner: S. N. Qazi

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

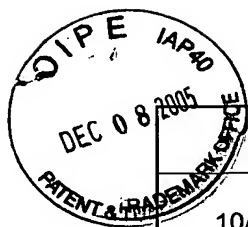
Sir:

**INTRODUCTORY COMMENTS**

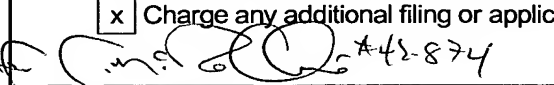
In reply to the outstanding Office Action dated September 22, 2005, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

This reply includes: an amended set of claims; and

Remarks.



IFW

AMENDMENT TRANSMITTAL LETTER				Docket No. 5000-0112PUS1	
Application No. 10/518,445-Conf. #7782		Filing Date December 20, 2004		Examiner S. N. Qazi	
				Art Unit 1616	
Applicant(s): Eberhard AMMERMAN et al.					
Invention: FUNGICIDAL MIXTURES					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Scott L. Lowe Attorney Reg. No.: 41,458				Dated: <u>December 8, 2005</u>	
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